



**Please complete this form and return to:**  
HTK Anglican Church  
25 Sturt Street, Kingsford, NSW 2032

**For Further Inquiries:**  
Children's and Families Pastor, Kate Nicol  
kate@htk.church

**Children's Names**

\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian Information**

Family Name: \_\_\_\_\_

Parent / Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile (1): \_\_\_\_\_ Mobile (2): \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency contact for Children**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to children:  
\_\_\_\_\_

*In case of an emergency requiring immediate treatment, authority is given for the leaders to provide appropriate medical treatment.* ☐ Yes ☐ No

Is there any legal restriction on who has authority to collect your children? ☐ Yes ☐ No

If yes, please provide details:  
\_\_\_\_\_

Photos/videos are sometimes taken during Kids Church activities. These photographs may be used for newsletters, advertising or on our HTKids@Home online page. No names are included.

I permit photos to be taken for use in Kids Church Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I permit photos to be taken for use on HTK & HTK@Home Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I permit photos to be taken for use in advertising for HTK Church	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*In accordance with the Privacy Act, 1988, we inform you that all personal information collected will be used for the purpose of contacting carers in an accident/emergency, supplying appropriate medical care for your child if the need arises, and for informing you of future children's activities that are authorised or approved by Holy Trinity Anglican Church. Thank you for providing this important information. The safety and well being of the children is our primary concern.*

**Signed** (parent/guardian) \_\_\_\_\_

Date \_\_\_\_\_

## Participant's Information

### **Child #1**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School Year  
2022: \_\_\_\_\_

*Does your child have a current medical condition/ food allergy/ medication?  
Please give details.*

Allergy / Medical Condition:

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Medication / Course of Action Required

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### **Child #2**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School Year  
2022: \_\_\_\_\_

*Does your child have a current medical condition/ food allergy/ medication?  
Please give details.*

Allergy / Medical Condition:

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Medication / Course of Action Required

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### **Child #3**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School Year  
2022: \_\_\_\_\_

*Does your child have a current medical condition/ food allergy/ medication?  
Please give details.*

Allergy / Medical Condition:

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Medication / Course of Action Required

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### **Child #4**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School Year  
2022: \_\_\_\_\_

*Does your child have a current medical condition/ food allergy/ medication?  
Please give details.*

Allergy / Medical Condition:

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Medication / Course of Action Required

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Is there any other information that will help us care for your children? Please provide details.